



**MODULE B**  
**Organization's Member Management**



**Date:**

**Visit Number:**

**Agency (Legal Applicant):**

**Program Name:**

**Physical Address:**

**Mailing Address (if different):**

**Phone:**

**Fax:**

**E-Mail:**

**GFBCI Commission Staff Completing Site Visit:**

**Program Staff Present:**

**Name:**

**Title:**

**Name:**

**Title:**

**Name:**

**Title:**

**Name:**

**Title:**

**Name:**

**Title:**

**NOTES:**

## **I. RECRUITMENT**

**Briefly describe the agency's recruitment plan.**

**Does the agency have printed recruitment materials? If yes, how are these distributed? (*attach*)**

**What is the programs maximum number of members?**

**How many members have been lost to attrition during the current program year?**

**Does agency need assistance with recruiting members?**

- Yes\_\_\_ No\_\_\_

**Does the program consider outreach to people with disabilities when developing recruitment materials, presentations and strategies?** (e.g., flyers that show people with disabilities serving, logo/graphic that indicates accessibility, TTY or relay phone number provided, invitation on flyers to request alternate formats or materials already developed in alternate formats, accessible website, recruitment presentations made to organizations serving individuals with disabilities) ***Describe:***

***Notes:***

## II. MEMBER ELIGIBILITY

**When is eligibility determined for each applicant?**

### APPLICATION

**Does the program include a nondiscrimination clause on the application?**

Yes\_\_\_ No\_\_\_

If No, please describe plan of action to revise application?

**Does the standard member contract or contract addendums contain the following items (check Yes or No):**

- Participation start and end date: Yes\_\_\_ No\_\_\_
- Minimum number of service hours required for completion of term/education award : Yes\_\_\_ No\_\_\_
- Minimum number of service hours required per week: Yes\_\_\_ No\_\_\_
- Location of service activities and projects: Yes\_\_\_ No\_\_\_
- Prohibited Activities: Yes\_\_\_ No\_\_\_
- Requirements under the Drug Free Workplace Act: Yes\_\_\_ No\_\_\_
- Suspension and Termination Rules: Yes\_\_\_ No\_\_\_
- The specific circumstances under which a member may be released for cause: Yes\_\_\_ No\_\_\_
- Behavioral guidelines for members: Yes\_\_\_ No\_\_\_
- A position description: Yes\_\_\_ No\_\_\_
- Amount of living allowance: Yes\_\_\_ No\_\_\_
- Start and end dates of term: Yes\_\_\_ No\_\_\_
- Grievance procedures as established by the program and meet all requirements of the provisions and signed by member: Yes\_\_\_ No\_\_\_
- Members Weekly Schedule: Yes\_\_\_ No\_\_\_
- Name and Contact Information of Site Supervisor: Yes\_\_\_ No\_\_\_

**INTERVIEW**

**Does the program have a written procedure for the interviewing of applicants?**

**Does the program utilize a standard interview tool?**

**How are members notified about the results of the interview?**

**III. MEMBER POLICY AND PROCEDURE**

**Does the agency have the following written policies and procedures in place?**

*Indicate YES or NO*

*If NO, attach action plan for each incomplete policy and a date to submit to the State Commission*

**Written Minimal Qualifications for Members**      Yes\_\_\_\_      No\_\_\_\_

**Written Position Descriptions for each member describing direct and meaningful service and performance criteria**      Yes\_\_\_\_      No\_\_\_\_

**Policies on Leave:**

**Sick**      Yes\_\_\_\_      No\_\_\_\_

**Vacation**      Yes\_\_\_\_      No\_\_\_\_

**Holiday**      Yes\_\_\_\_      No\_\_\_\_

**Jury Duty**      Yes\_\_\_\_      No\_\_\_\_

**FMLA**      Yes\_\_\_\_      No\_\_\_\_

**Written policy regarding members participation in fundraising activities**

Yes\_\_\_\_      No\_\_\_\_

Written policy that sub-grantees hurly completion requirements meet those of CNCS. Yes\_\_\_\_ No\_\_\_\_

Written policy for release of a member for cause, compelling circumstances, and suspensions to include a system for out-processing members Yes\_\_\_\_ No\_\_\_\_

*Policy Recommendations:*

#### IV. MEMBER MANAGEMENT

Are member files maintained in a central and secure location? Yes\_\_\_\_ No\_\_\_\_

Who has access to member files? *List*

<u>Name</u>	<u>Position</u>
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**Does the program have standard weekly service logs?** Type of documentation Birth Certificate (copies must be certified) *OR* other acceptable documentation proving citizenship as required by 45 C.F.R. 2522.200(b) and (c).

**How are service logs collected?**

**How are members notified of their completed hours?**

**How often does the AmeriCorps staff communicate with the service sites?**

Member Performance Evaluation?

- Does the program have a standard member Performance Evaluation?  
Yes\_\_\_\_\_ No\_\_\_\_\_
- Does it include?
  - Completion of hourly requirements  
Yes\_\_\_\_\_ No\_\_\_\_\_
  - Satisfactorily Completed Assignments  
Yes\_\_\_\_\_ No\_\_\_\_\_
  - Has Met Other Performance Criteria Clearly Set Forth at the Beginning of the Program Year.  
Yes\_\_\_\_\_ No\_\_\_\_\_

**Member Meetings:**

- Sign-In Sheets (*reviewed*) Yes\_\_\_\_\_ No\_\_\_\_\_
- Schedule
- Attendance

**Member Accomplishments for Current Year/Special Recognition:** *Describe*

**Other Issues of Concern with Member Management:**

**Follow-Up Plan:**